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Women's Concerns

Report




Women, Drugs and Alcohol

Women, drugs and alcohol. With the abundance of media coverage on “drunk drivers” and the abuse of illegal drugs such as cocaine and crack, I expected to discover a number of Mennonite women willing to tell their stories about either their own or their children’s misuse of drugs or alcohol.

Yet as I pursued one lead after another, I found that treatment professionals knew few Mennonite women willing to share such stories. One counsellor could not recall treating any Mennonite women for alcohol or drug abuse in the past five years. When I wrote or contacted women whose names had been suggested, one stated that this was not her problem; two did not reply.

Two reasons for the lack of response were suggested to me by treatment workers. “Perhaps this is another secret,” was the reaction from Mary Martin, a woman who works with men who are alcoholics. While we are beginning to be able to talk about sexual abuse in Mennonite families and communities, drinking has long been frowned upon, especially in conservative circles. To admit a drug or alcohol problem would be to admit to breaking the norms of the community.

Another Mennonite counsellor suggested that perhaps Mennonite women abuse food in the same way that other women might abuse alcohol or drugs. Melissa Miller of the Shalom Counselling Centre in Kitchener, Ont., sees

eating disorders much more frequently than she sees drug and alcohol abuse among Mennonite women. This makes a lot of sense, since a large part of a Mennonite woman’s traditional role includes providing food for a working husband and family. You’ve heard the joke, “How many Mennonites does it take to change a light bulb?” The answer: “Nine. One to change the bulb and eight to prepare the lunch.” With food such a large part of Mennonite culture, resorting to food to try to solve (or escape) the stresses and problems of life could come quite readily to women. Food abuse might not even be recognized as a problem.

Is drug and alcohol abuse a problem, then, for Mennonite women? While statistics are not available for the Mennonite community, we can assume that just as the other social problems of our culture are found in our Mennonite communities, so too is this one. And there are Mennonite women willing to tell their stories. In this issue, we will read about the effects of drug and alcohol abuse in the life of two young women, one the daughter of an alcoholic. We will hear the vignettes of women in Los Angeles who have suffered the effects of alcohol and drug abuse, but have found help in a twelve-step treatment program run by Genevieve Samudio and her husband, both of whom have personal stories involving alcohol and drug abuse. And we will find encouragement in the story of a young woman in Elkhart, Ind., who has been helped by a treatment program. You will note that most of the contributors to this issue wish to remain anonymous. This is not a problem to which they wish to put their names.

The onus rests, then, on the community of believers, who must wrestle with their reactions to women who drink alcohol and use drugs. We carry within us powerful images of what it means to be “a lady.” And a lady would not be a drunk. These images perpetuate just the kind of role expectations that might lead a woman to drug abuse. Perhaps the two articles on “Women and Alcohol” and “Women and Drugs” will help us to better understand the reasons for alcohol and drug abuse so that we can find ways to support, encourage and help each other as we wrestle with what it means to be a woman in the 1990s.

Louella Cronkhite, compiler of this issue, is a member of the MCC Committee on Women’s Concerns and represents MCC Alberta on the Canadian Women’s Concerns Committee. She served with MCC in Burkina Faso in 1982 and 1983 and in Louisiana from 1983 to 1985. Louella lives with her husband Dave and their two sons, Richard and Greg, in Lethbridge, Alta.

The Circle of Self Destruction

I remember saying many times as a young teenager that I was never going to drink or use drugs. Years later, at the age of 21, I felt my world was over when I admitted that I was an alcoholic and a drug addict. In fact, my life was just beginning.

Unlike many alcoholics, I grew up in a very good home. There was no shortage of love or understanding. My parents were fair, yet firm. They were always ready with words of praise.

My family was active in church activities and attended church weekly. God was an important part of my life. I enjoyed the youth group activities and the fellowship of close friends. But somewhere, somehow, things began to change. I began to feel different, as if I didn't belong — anywhere. I felt like people didn't like me and I tried so hard to be accepted.

I remember a weekend with my youth group. We were billeted to another youth group and stayed in homes of its members. At the church, everyone was getting acquainted with their newfound friends. I stood on the sidelines, filled with fear. I was afraid of being rejected. I isolated myself and would not let anyone get to know me. I was filled with hate. I hated everyone there. I hated God, and cursed Him because I felt so alone. But most of all I hated myself.

Although I was a smart child with scholastic marks near the top of the class, I felt like I was good for absolutely nothing. There was so much pain and turmoil inside of me. I just wanted to die, so I would not hurt anymore.

At home one day I took some old pills from the medicine cabinet. I don't recall looking at the label and had no idea what they were. My only hope was that they would kill me. Death didn't scare me; in fact, it seemed to be a calming thought. I took the pills and fell into a deep sleep. I awoke 10 hours later burning with fever. My first thought was that I was a failure — I couldn't even kill myself right.

Shortly after starting high school and making some new friends, I began to experiment with alcohol. My friends accepted me when I drank and I felt I belonged. I liked the way alcohol made me feel. Alcohol gave me a feeling of power. I could laugh and be funny. It gave me the courage to be around people. I felt alive, attractive, and happy. But without it I was still frightened and lonely. When the alcohol wore off, I was still the same old me. And I hated "that" me.

At the age of 16, I was a victim of a sexual assault. This made me hate myself even more. I never told anyone and buried it with the help of my new best friends — drugs.

I began using drugs daily and cutting school. My grades were slipping, but that seemed unimportant. I cursed at God for letting it happen to me. I became promiscuous, knowing how wrong it was. I didn't care. As long as I was drunk or high, nothing mattered. When I would sober up, I felt so full of shame and guilt that I'd get drunk all over again. It was a vicious circle. It was the only way I knew to cope with the horrible feelings inside me. At times I felt remorseful and reached out to God for help and forgiveness. But I could not forgive myself and so I began again.



After high school, I began dating a man who was a member of Alcoholics Anonymous (A.A.). We'd go to meetings together. Everyone there talked about God. I knew that this wasn't the place for me because God hated me, and I hated God.

"Alcohol gave me a feeling of power. I could laugh and be funny. It gave me the courage to be around people. I felt alive, attractive, and happy. But without it I was still frightened and lonely. When the alcohol wore off, I was still the same old me."

"I am only one drug away from the possibility of beginning that circle again. But just for today I will not use. One day at a time is all I have. God never gives me more than I can handle in one day. With His guidance and love, I have the ability to stay sober today and tomorrow. One day at a time."

But the A.A. meetings did stick in my head. As I continued to drink, I recalled the different stories I had heard and questioned whether perhaps I had a problem with alcohol and drugs. Still, I denied it to myself, and lived through three more years of my self-made hell. Finally, I landed up at the doors of A.A. once again. I surrendered. I knew I was killing myself slowly. I didn't want to die and I didn't know how to live. I asked God to help show me. God did!

Today I am a responsible member of society. I married the man who introduced me to A.A. and we have a beautiful daughter. God was there the whole time that I had turned on Him. He put my husband into my life to help show me the way. I find so often, now, God speaking to me through the voices of my A.A. and N.A. (Narcotics Anonymous) friends.

God has helped me to let go of the haunting memories of the past. He has forgiven me, and loves me regardless of the things I have done. He has given me a new way to live, and has shown me how to love the person I am. I no longer have to pretend to be someone I'm not.

Today life is precious to me. I am grateful to God for many everyday blessings that I took for granted before. God has given me a wonderful gift. I now have the ability to see the positive in situations, instead of viewing the negative. He helps me see beauty in everything and everyone. I am learning to accept situations and people as they are, instead of trying to change them to how I would like them to be. God has taught me that the only thing I can change is myself. With God's help, that is possible.

Today I have had 21 months of complete abstinence from all drugs. As an alcoholic and a drug addict, I know that the diseases of addiction and alcoholism will never be cured, merely arrested. I am only one drug away from the possibility of beginning that circle again. But just for today I will not use. One day at a time is all I have. God never gives me more than I can handle in one day. With His guidance and love, I have the ability to stay sober today and tomorrow. One day at a time.

Today I am grateful to God for giving me the gift of recovery. Without my disease I may have never found the faith, peace and happiness I have today.

—The author wishes to remain anonymous

One Person's Journey Through Substance Abuse

Corinne Marshall of Alberta interviewed a friend for this issue. Her friend wishes to remain anonymous; Joan is not her real name.

Corinne: Please describe your childhood.

Joan: When I was 6 years old I found out that my father had been imprisoned 3 years before for committing perjury, fraud and embezzlement in a company in which he was a partner. I learned later that about this time my parents were married by proxy. When I was 8 years old, my parents were divorced.

Corinne: Were you in a single parent situation after this?

Joan: Yes. My mother was a teacher so we moved a lot. We had no financial support from my father after he came out of prison. My father was, and is, an alcoholic.

Corinne: How were your teenage years?

Joan: My mother taught in the north, so I was sent to a residential school for a time, but lived with my mother most of the time. My first bout with drinking occurred when I was baby-sitting and a friend of the family gave me a drink. I was about 13 years old. Of course, I hid the fact from my mother, who always treated me very harshly when I misbehaved. The second time I was involved with alcohol was at a football party. Here I was also introduced to marijuana in "hash" brownies. After this, my social relationships always involved alcohol and marijuana. By the time I was 15 years old I was a regular smoker and would steal money to pay for "grass." When I baby-sat I would steal liquor from the homes.



Corinne: Why did you leave home?

Joan: I came home from a party at 7 a.m. After I had slept the day away my mother told me to leave, that she couldn't control me any more. I was 15 years old at that time.

Corinne: Where did you go?

Joan: I hitchhiked to Edmonton and when I told the driver my story, he invited me to come to his house. They had a party that lasted for seven days and I was allowed to stay to eat and sleep. After a few days, I moved to Edmonton, got a job as a waitress in a truck stop, and a cheap room. In the winter I went back to school part-

time, still working to pay my way. The school wanted a parent's name, so the "hooker" next door signed my report cards. At this point I was really angry with my mother and refused to go back to live with her.

Corinne: You said you finally met your father.

Joan: When I was 17 I looked for his name in the phone book and finally got enough nerve to call him. I hadn't seen him since I was 3 years old. He knew I had left home and we arranged to meet. He took control at this point, arranged for an apartment, furniture and an allowance and I returned to school and managed to finish a good part of my high school program.

By the time I was 18, I could drink legally and my social life always revolved around alcohol and marijuana. I moved away from my father, traveled mostly by hitchhiking across Canada, stayed in youth hostels and worked to earn a little money. I just drifted around until I was 22 years old.

Corinne: Why is 22 years a milestone in your life?

Joan: At 22 I attempted suicide with an overdose of pills. Now I realize I was looking for help. The ambulance driver, who helped to revive me, visited me in the hospital and talked to me very sternly about what I had done, saying I had put the staff and my parents through a lot of anxiety. His visit really shook me up.

My father told me it was my responsibility to straighten up. He also told me that I had likely inherited his tendency to become alcoholic and would have to accept that and learn to live with the fact that I should not drink. I took his advice; I joined Alcoholics Anonymous and he was there at my first meeting. Although I slid back a few times, I have now stayed away from alcohol and marijuana for many years.

I finished college courses in business and as a legal secretary. When I was 24 I entered a relationship with an older man that lasted for five years, despite the fact that he was alcoholic and very abusive. I finally left him and returned to Alberta, got a job and a divorce.

Corinne: And now?

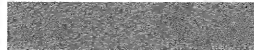
Joan: I am married again and have two children. We live in a small town where our church is a good part of our lives.



"Jesus went into Jerusalem and taught the people who would listen, bringing healing and a new lifestyle and attitudes. So we must do likewise, entering into our own Jerusalem."

Corinne: Have you any comments or generalizations to add?

Joan: Well, addiction for any substance causes a lack of control over all other aspects of your life; all time and energy is spent on the addiction. Also, as an adult child of a dysfunctional home, one has unreal expectations of family life. This affects simple things that a normal family member would do, such as grocery shopping and clothes purchases for the family, because I never learned to do any of these things as a child. The process of raising children is difficult, because a "normal" childhood experience is lacking. There are no good models of interactions with and between parents and siblings. And always I know that the alcoholism and drug dependency are still there in my genetic make-up, as well as in my past.



by Genevieve Samudio

Overcoming in Los Angeles

The beauty of Los Angeles can be seen from the hilltops of City Terrace, the community where our church is located. To the west you can see the skyline of the Los Angeles Civic Center, to the east the vastness of the valley, to the north the majestic mountains, and to the south the long boulevards leading to the ocean.

Yet I often envision Jesus weeping as he looks down upon the city, as he did over Jerusalem: "Peace is hidden from their eyes" (Luke 19:41). Violence, abuses of every kind, gangs and the total disregard for human life that pervades our society have and are still being nurtured by alcohol and drugs. "The enemy has built an embankment and encircled and hemmed them in on every side. He has dashed them to the ground and the children" (Luke 19:43-44).

I'm not saying anything new and no one can say, "I didn't know." The news media reports statistics, studies, and everyday happenings. Everyone has his or her own personal experience, whether directly or indirectly.

Just within the last two months of 1990, my husband and I were again personally called to minister to several families where tragedy had occurred.

- A beautiful young woman shot and killed her three-year-old daughter and then herself. Having initiated divorce proceedings five times before, this time she could not go back. Her husband was abusive and a drug user and he would not leave them alone. She feared that the court would give the husband visitation rights. From her perspective, the only way out was death.
- A young girl of 15 committed suicide in her bedroom closet, after being threatened by girls of an opposing gang. The gang pressures, as well as family pressures — her father is an alcoholic — had her hemmed in and she could not find her way out.

"The truth is never easy to apply in your life when you come from a dysfunctional family. Some grasp it faster than others, some stumble along until the breakthrough comes. Some of it depends on the depth of the wounds, and all of it depends on one's own ability to learn to trust God."

- A young woman went to the home of her lover's wife and repeatedly stabbed the woman to death in full sight of her own son and the children of the woman. She took the women's children with her and abandoned them on a lonely street. She was so blinded by her desperation and fear of losing what she believed was "love," that the children were invisible to her. "They will fall by the sword, their little ones will be dashed in pieces" (Hosea 13:16).

As we talked to the families, once again it was confirmed. The problem did not begin with the abusive husband, the gang pressures or the act of adultery, but years before. Advice, counselling, help of any kind, was never sought. The vicious cycle continues.

Jesus went into Jerusalem and taught the people who would listen, bringing healing and a new lifestyle and attitudes. So we must do likewise, entering into our own Jerusalem.

I thank God for MCC Women's Concerns, for the Christian Leader, and for all those individuals, like Ruth Krall [director of Peace Studies at Goshen College, and educator on issues of violence and abuse] who help women who need healing, for the work they are doing to break the silence and bring light to the darkness. As Christians, we are not without hope; we KNOW THE CYCLE CAN BE BROKEN.

Our church has had the custom for years of having a time of sharing, praise and prayer that allows the Holy Spirit to bring healing and comfort. This custom has allowed us to see the value and need for support groups. While Alcoholics Anonymous and Narcotics Anonymous are doing their part, the need for a Christ-centered 12-step program is vital. It is beautiful to see how the Holy Spirit allows us to draw encouragement from those who are honestly willing to share their experiences, strengths and hopes.

- Strength comes as I listen to Stella, a former drug-addicted gang member, as she shares her concern for her husband, who is an alcoholic still in denial. She is also concerned for her two sons, who are experiencing the effects of their father's drinking. Her brothers and sisters and those of her husband are also dealing with drugs and alcohol. Stella has started to build her self esteem and is learning how not to be an enabler.



- Evelyn and her sisters were sexually abused by an uncle as young girls. When Evelyn told her alcoholic mother, she was called a liar. She went from one bad relationship to another and was involved with drugs and alcohol. She lost custody of her six kids and was given mandatory A.A. meeting participation. After counselling with my husband, she started attending the Overcomers group, which is not mandatory. Now she is looking forward to going back to school and excitedly tells of all the things the Lord is doing in her life.

The truth is never easy to apply in your life when you come from a dysfunctional family. Some grasp it faster than others; some stumble along until the breakthrough comes. Some of it depends on the depth of the wounds, and all of it depends on one's own ability to learn to trust God.

Jesus tells us who believe, "If you hold to my teachings, you are really my disciples. Then you will know the truth, and the truth shall make you free" (John 8:32).

Genevieve Samudio lives in Los Angeles, Calif. She is active in City Terrace Mennonite Brethren Church and is a member of the West Coast MCC board. Together with her husband Louis, she runs an Overcomers 12-Step Program for reoffenders.

"I never realized how much I covered up with drinking...all the feelings, all the situations. They'd be there the next day, of course, but then I'd go and drink again."

by Mary E. Klassen

Getting Back on Track

"I'm just an ordinary person," Karen* says. "And I happen to be addicted."

In 1988, Karen remembers, "I was miserable and couldn't figure out why. I needed some help. I was drinking and popping anti-depressants."

I knew I needed help," she says. She was scheduled to enter Oaklawn Hospital on Tuesday, when she knew her work schedule could accommodate her being gone. But she called again to see if she could come in already on Saturday. "I told them, 'If I don't come in on Saturday, I don't think I'll make it. I don't think I'll be alive to come in on Tuesday.' That's how bad I felt."

After participating in the addictions treatment program at Oaklawn Hospital, she continued coming to Oaklawn's follow-up program each week for a year.

But then again early in 1990, Karen felt she needed help. "I began to feel like things were coming apart on me, that my sobriety was in jeopardy. I was afraid that maybe I was looking for excuses to start drinking again and I would let all the stress I was feeling be enough of an excuse. I just needed somebody to talk to about it."

In her job, a new administrator was very difficult to work with. At home, her roommate was also going through a difficult time. "She changed her mind all the time about whether she would get married or not, and her personality changed completely," Karen says. "You have no idea what it's like to live with someone like that for two years."

In addition, her church was arranging to have Alcoholics Anonymous groups meet in the church, and Karen was concerned to hear in discussions that people in the church had many misconceptions about addictions. Also, two friends, both with family members who were addicted, told her she didn't need A.A.; "What you need is the church," they both told her.

*Karen is not her real name

"My faith waned a lot during that time," Karen says. "I started doubting my Christianity. That first year in recovery is difficult when you don't have the support of people around you."

The peak of all her stress came when Karen's roommate decided to move away. She then had to adjust to living alone. "The last time I lived alone I drank a lot," Karen said. "I was worried about that. And I was also scared, wondering if I would make it financially."



So Karen came back to Oaklawn, but this time she entered the POWER program (Positive Options for Women Entering Recovery), an addictions treatment program specifically for women. At first, she participated in the evening treatment program. Now she continues to come once a week to the Continuing Recovery group. Karen also regularly attends A.A. meetings. She appreciates the spiritual nature of A.A., with its emphasis on relying on God and depending on the family of faith.

"I needed to come to the Oaklawn POWER program to get on track," Karen says. "Maybe I needed the strict schedule, too, coming three nights a week."

On Monday evenings the women would talk about the weekend or events coming up, sharing ideas of how they could deal with things that triggered them to drink or use drugs. On Wednesdays, family members joined them for dinner, and then the women would meet by themselves to talk over issues they were concerned about — "like sex, love, humility, pride, families and relationships," Karen says. Thursday evenings they often heard special speakers and even took tap dancing lessons. "That was to help us see there are other things to do besides drink; there are other ways to have fun."

"You feel more of a bond and more trust when it's all women. We can feel free to say what we want to say; I feel more freedom to talk."

"Forty to 70 percent of patients who use alcohol also use pills."

"Mixing drugs with alcohol or taking different kinds of drugs at the same time can be very dangerous, even lethal."

Karen says her treatment two years ago at Oaklawn Hospital was important. It helped her learn about alcoholism, and "to dry out, to get that stuff out of my system." But in POWER, Karen says, "you feel more of a bond and more trust when it's all women. We can feel free to say what we want to say; I feel more freedom to talk."

Karen believes she found the opportunity she needed to talk and also to build new confidence in herself. "It felt really good when someone accepted a suggestion I made. Before that my confidence was down because I didn't think people ever listened to me."

She says, "I never realized how much I covered up with drinking...all the feelings, all the situations. They'd be there the next day, of course, but then I'd go and drink again."

"There are a lot of things I'm learning about myself," Karen says. "I realize that I have grown. I can see it. One thing I learned was that my choice might not always be right, but I have the right to make a choice. Before I did what everyone else told me to do or what I thought was supposed to be done. It's great in this program to be able to say how I'm feeling and not have somebody else say, 'Well, you shouldn't feel like that.'"

"I know I haven't had the really bad experiences some people have had with drinking. Sometimes it's easy to say that maybe I'm not an alcoholic. But there's that little word 'yet.' I haven't gotten fired from a job — yet. I haven't hit anyone or killed anyone — yet. That 'yet' is always the factor that I try to remember.

"I haven't been down in the gutter," Karen says, and then she adds, "and I don't want to be. I want to start thinking clearly. Even though it hurts I want to start experiencing feelings and what's going on and learning about me."

—Adapted from Well-Being, a quarterly publication of Oaklawn, Goshen, Ind.



by Louella Cronkhite

"It's Just Nerves" — Women and Drugs

Since the late 1970s, overdependence on tranquilizers has become a women's issue. Test yourself¹ (answers are found at the end of the article):

1. Compared to men, how many prescriptions for minor tranquilizers do women receive?
 - ☐ half as many
 - ☐ almost the same
 - ☐ twice as many
 - ☐ three times as many
2. Women's use of minor tranquilizers decreases with age.
 - ☐ true ☐ false
3. Doctors prescribe minor tranquilizers to men who have the same complaints as women receiving minor tranquilizers.
 - ☐ true ☐ false

Their greater frequency of illness, and related need for medications, places the elderly at a higher risk of misuse of prescription drugs. Research consistently shows that seniors consume a larger than expected share of prescribed medications and over-the-counter (OTC) drugs. For example, in British Columbia seniors make up 12 percent of the population, yet consume 40 percent of all prescription drugs. In

addition, it is estimated that 40 percent of persons over 60 in B.C. use OTC drugs every day. Drug-related problems experienced by seniors include: adverse reactions to drugs; inappropriate administration of drugs; use of multiple drugs.
—*Health and Welfare Canada survey, 1989*

4. Women in treatment are less likely than men to be dependent on both alcohol and tranquilizers.
_ true _ false

5. Women's dependence on drugs, either alcohol or minor tranquilizers, is often denied or ignored by those in a position to help (family, friends, clergy, physicians, social workers and employers).
_ true _ false

Prescription drug use is the most serious drug abuse problem in the United States, according to the director for the National Institute for Drug Abuse. Furthermore, the majority of the prescriptions for tranquilizers and sedatives, are being written for women. The use of tranquilizers by alcoholic women is also very high. Forty to 70 percent of patients who use alcohol also use pills.

Research indicates that females receive more prescriptions of all types of drugs than males. And women receive three times more tranquilizers than men. Seventy percent of all psychotropics (tranquilizers and sedatives, including Valium, Vivol, Novodipam, Novopoxide, Librium, Atrivan and Serax) go to women.

Why are women taking so many prescription drugs? Certainly the stresses of our society are key factors: societal stress and social problems strongly affect an individual's emotional life and sense of well-being. Individuals feel overwhelmed by the day-to-day issues of life and try to alleviate the symptoms of stress by using drugs.

While women are not necessarily under more stress than men, they deal with it differently than men. The evidence suggests that our culture permits women to express more feelings than it allows men to express. As well, women tend to relate more of their feelings to their inner self than men do. They are more likely to blame themselves for problems in their lives, be they interpersonal, job-related, or even health-related. Men on the other hand relate their problems to external things, such as their jobs.

Likewise, a woman is more likely to take her "emotional" problems to her family doctor than her male counterpart. She interprets her living problems as medical problems. Very often the symptoms presented to doctors are vague and poorly defined; this makes it very likely that the medication prescribed will be equally non specific, like a tranquilizer.

Women become victims here because they talk more freely about their emotional problems to their doctor and to others. They may be seen as weak and emotional and therefore in need of medication, especially by male doctors.

According to stereotyped sex roles, men are strong and stoic. They are taught to repress their feelings — not to talk about them. So men are more likely to report problems for specific and easily identifiable physical ailments. Men who complain about physical ailments are taken more seriously on the grounds that they would not be complaining if they were not really sick.

Studies show that even when both sexes express the same symptoms, such as sadness, depression, nervousness or anxiety, women are still prescribed more tranquilizers.



Also significant is the expectation of the patient who comes to the physician. The woman who comes to the doctor feels there is something wrong with her, and she expects to be given something for it. Patients put pressure on doctors to give them prescriptions. Many specifically ask for tranquilizers, quoting a friend who had the same problem and "felt better after taking Valium." Being given a prescription satisfies the expectation of the patient and confirms an ailment. If refused a prescription, the patient may view the doctor as incompetent and shop for another one who will give them what they want.

The feelings that drive a woman to prescription drugs are in fact often very normal — not a sign of maladjustment as she interprets them to be. It is very normal for women at home to feel isolated, cut off, overloaded. Or, the woman may be trying to juggle the roles of mother and breadwinner. The problem comes when these feelings and stresses are seen as a sign of maladjustment needing medical attention.

A 1971 study by Ruth Cooperstock asked 68 general practitioners to describe a "typical complaintive patient." Four percent described a male patient; 24 percent did not mention the sex of the person, and 72 percent described a female patient.

Pharmaceutical companies also contribute to the problem. Drug companies spend billions of dollars a year to convince doctors that there is a need for their products. Women are portrayed differently from men in most of these ads. They are shown as anxious, unkempt, with sagging shoulders, circles under their eyes, behind bars of mops and brooms — obviously needing drugs to cope.

So women use psychotropic drugs widely. Why is this a problem?

1. First, although drugs can change the way people feel, they do nothing for the underlying causes of the problem. They may be seen as a way of managing our problems but certainly not mastering them. Instead of medication, women need self-confidence, skills, educational and employment opportunities that will lead to more fulfilled lives. Pills are not a short-cut to real emotional stability.

2. Continued long-term use can lead to dependence, both physical and psychological. Long-term use is very common. For some, drugs become part of larger problems.

3. Mixing drugs with alcohol or taking different kinds of drugs at the same time can be very dangerous, even lethal.

4. Drug use may have a numbing effect on the mind, causing the disruption of cognitive and intellectual functions, memory and concentration. Users may become quite confused about reality.

5. Ruth Cooperstock² in a working paper titled, "A Review of Women's Psychotropic Drug Use," observes that it is very hard to get chronic users off prescription drugs, including the family of drugs called benzodiazepine, which is a mind-altering drug that distorts reality. Many patients become hostile when "cut off" and simply switch physicians. The patient must be helped to face her problems through counselling. She must be convinced that it is in her interest to get reality back. Many do not have a very happy reality and need help to improve their lives.

There are times in a crisis situation when tranquilizers are needed as a short-term help. The danger comes when people use them not to help them deal with the problems, but to let them avoid coming to grips with them. We must accept the fact that anxiety, like pain, is a normal

human response to some situations. Anxiety should be a signal for us that change is needed, not that we should cover up reality with drugs.

Answers to quiz

1. Women receive twice as many minor tranquilizer prescriptions as men. They also receive more repeat prescriptions. Women are more regular and steady users of minor tranquilizers than men.

2. False. Saskatchewan data indicates that women's use of minor tranquilizers steadily increases with age, peaking at 75 years old.

3. False. While female patients receive a greater percentage of minor tranquilizer prescriptions than men, male patients receive a greater proportion of other forms of treatment such as x-rays, tests, diet and physical therapy.

4. False. Women who enter treatment for alcohol problems invariably also use pills. One treatment center in Vancouver showed that 95 percent of the women had been or were using tranquilizers.

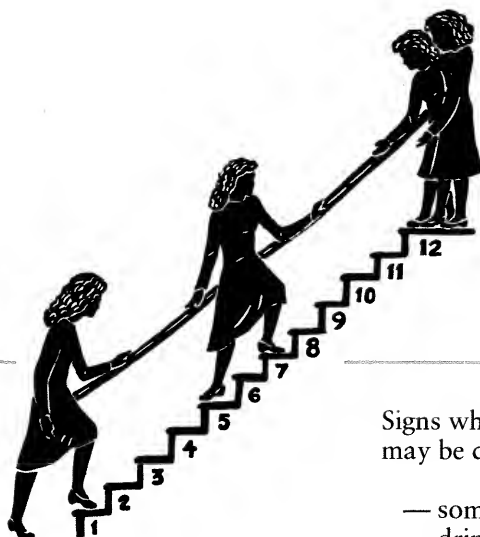
5. True. The following first-person story illustrates this: "After that, I went through a period of time when I was hospitalized over and over again. I became a 'her' a number of times. You hear these conferences going on outside your room all the time, and your husband is saying: 'What's the matter with her?' and the doctor is saying: 'I don't know.' What happened to me over and over is what happens to a lot of alcoholic women. We get thrown in the hospital. They come at you with that nice little needle. Boing! And you wake up a week later and you read your get-well cards and you smell your potted plants and you go home and start getting potted again."

With thanks to Gwen Bibby, treatment worker with the Alberta Alcohol and Drug Abuse Commission, for the information she provided for this article.

1. The quiz, including the explanations of the answers, is borrowed from It's Just Your Nerves: A Resource on Women's Use of Minor Tranquilizers and Alcohol, published by Health and Welfare Canada.

2. Ruth Cooperstock was a scientist at the Addiction Research Foundation in Toronto when this article was written.

Steps to Hope: Coping with Codependency and Failure Through the Beatitudes and the Twelve-Step Program is a new Herald Press book for those dealing with alcohol and drug addiction. Written by Joyce M. Shutt, a Mennonite pastor, the book costs \$6.95 U.S.; \$8.95 Canada.



Signs which can alert a woman to the possibility that she may be developing a drinking problem include:

- someone cautioning her about drinking
- drinking more heavily because of problems at home or at work
- failing to keep her promises to reduce or quit drinking
- blackouts, conflict with the law or health problems related to drinking.

Effects of Alcohol Addiction

Abuse of alcohol has a greater effect on a woman's physical health, even though she may consume less alcohol and for a shorter period of time than a man. "For every drink she takes, a woman absorbs about 30 percent more alcohol into her blood than a man the same weight who has drunk exactly the same amount" (Women and Alcoholism, p. 1). These differences are due in part to the fact that, in proportion to their weight, women carry a greater amount of fat and less water in their bodies than men do. Therefore, the alcohol they consume is not diluted as fast as it is in men and its intoxicating effects last longer.

Additionally, women have far smaller quantities of the enzyme alcohol dehydrogenase than men. This enzyme breaks down alcohol when it is in the stomach and reduces the amount of pure alcohol entering the bloodstream. As a result, women absorb more alcohol into their bloodstream than do men.

Alcoholic women have a much shorter lifespan than non-alcoholic women. Women who drink heavily are more susceptible to liver damage, high blood pressure, anemia and bleeding of the stomach or the esophagus.

Women are more likely than men to combine alcohol with prescription drugs, increasing health problems and treatment difficulties.

A pregnant woman who uses alcohol or other drugs risks damaging her unborn child. Fetal Alcohol Syndrome (FAS) probably occurs in one to three cases per 1000 live births in the United States and is one of the three most frequent causes of preventable birth defects associated with mental retardation. Since it is unclear what quantity of alcohol may cause damage to the fetus, women are advised not to drink any alcohol during pregnancy (Yandow, p. 243).

by Louella Cronkhite

Women and Alcohol - A Growing Trend

Let's face it: more women are drinking. Forty years ago, the majority of Canadian women did not drink; today, the reverse is true. Two-thirds of all women drink, at least occasionally. As the numbers increase, so too does abuse of alcohol. Conservative estimates indicate that at least 6 to 10 million adult Americans females, or 6 percent of the adult female population, have serious alcoholism problems (Yandow, p. 243).

A woman with a drinking problem generally drinks for the physical effects of alcohol, using it as a drug. She may believe that it solves her problems because it seems to make her feel more adequate, self-confident and less lonely. But in fact, she is creating greater problems for herself.

What is problem drinking? It is not generally defined by how long or even how much a woman drinks, but rather whether drinking is causing increasingly serious problems in her life — at home, at work and in her health.

"Conservative estimates indicate that at least 6 to 10 million adult American females, or 6 percent of the adult female population, have serious alcoholism problems."

"For every drink she takes, a woman absorbs about 30 percent more alcohol into her blood than a man the same weight who has drunk exactly the same amount."

Relying on alcohol and tranquilizers can produce guilt feelings and may further lower a woman's confidence in her ability to handle her own problems. Studies repeatedly show that women drink to relieve depression and low self-esteem, whether they are at home or in the work force. Regardless of what women do in their lives, they cannot escape society's judgement that, on some basic level, they are inadequate because they are women. However, many treatment workers believe that the woman at home may be at greater risk for alcohol abuse than the working woman because of her greater potential for loneliness and isolation.



Studies also indicate that women who start to drink heavily usually do so because of a specific life crisis, such as divorce, desertion, death of a family member, abortion, infertility, or post-partum depression. All of these are crises related to important functions defining the traditional female role, and particularly the childbearing and mothering function. "Since many women still identify themselves primarily through these functions, any occurrence which would undermine feelings of adequacy in these areas would likely be very threatening" (Marian Sandmaier). "By accepting a life role (i.e. child rearing) that only lasts half a lifetime, many women set themselves up for depression in their middle years."

Women who build their lives on a broader basis are less likely to suffer crises centered around traditional roles and are therefore less likely to turn to alcohol abuse.

Another cause of alcohol abuse in women is the conflict between what they perceive as the need to be "feminine" and sub-conscious "masculine" characteristics. Women are expected to be submissive, emotional, dependent. When they find they are not, they may submerge their "masculine" strivings, such as assertiveness and independence. Considerable anxiety is experienced over an event in which she feels her feminism threatened.

A 1970 study by Broverman et al. showed that psychologists defined a healthy man as aggressive, independent, objective, active, worldly, achievement-oriented, direct, self-confident, and adventurous. A healthy woman, however, was described in far more passive, even negative terms such as unadventurous, dependent, submissive, easily influenced, uncompetitive, unaggressive, excitable, emotional and lacking in objectivity. The psychologists' description of a healthy adult closely paralleled their description of a healthy man.

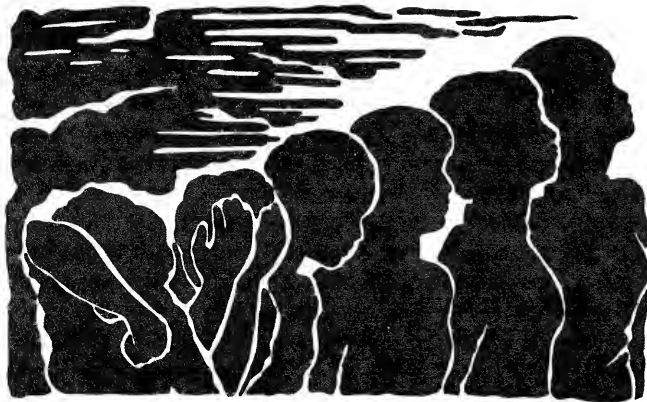
Therefore, "A women who behaves in a manner considered healthy for an adult is behaving unhealthily for a woman; conversely, if she chooses to conform to 'healthy' female behaviors, she is not considered a healthy adult!" No wonder women striving to reach their full potential as both adults and women experience conflict! To add insult to injury, while nine out of every 10 women will stay with their alcoholic partners, nine out of 10 men will leave an alcoholic wife (Yandow, p. 244). While one reason for this is economic, another is the double standard by which the "nice" woman does not drink, so the problem is denied.

Issues Relevant to Aftercare

The lack of self esteem, which is at the root of women's problems with alcohol, means that recovery programs must be oriented toward increasing self-esteem and self-acceptance as a woman.

Healthy self-esteem involves being able to assert one's needs and to deal effectively with anger. Women tend to confront themselves with questions such as, "Am I doing enough? Am I generous enough? Do I give enough?" (Underhill, p. 46). This is rarely part of a man's self-image.

"A women who behaves in a manner considered healthy for an adult is behaving unhealthily for a woman; conversely, if she chooses to conform to 'healthy' female behaviors, she is not considered a healthy adult!"



Gateway: A quarterly Newsletter about Alcoholism and Chemical Dependency, Volume 4, Number 2, Spring 1990.

Sandmaier, Marion, "Women and Alcohol Abuse: A Strategy for Prevention," presented at the Annual Meeting of the American Public Health Association, 1976.

Underhill, Brenda L., "Issues Relevant to Aftercare Programs for Women," *Alcohol and Research World*, Fall 1986, pp. 46-47.

Yandow, Valery, "Alcoholism in Women," *Psychiatric Annals*, 19:5, May 1989, pp. 243-247.

Another issue important in treating alcohol abuse in women is the prevalence of incest, battering and child sexual abuse in their backgrounds. Some studies show that 40 to 74 percent of women in treatment report previous abuse (Underhill, p. 47). These women need to deal with this abuse as part of their recovery. "When issues of abuse are not addressed in treatment, relapse is much more common" (Yandow, p. 246). All-women groups are most helpful in dealing with sexual abuse issues; one reason is that to mix men and women could be perceived by group members as mixing perpetrators and victims.

Additional aftercare needs of women include stress-reduction techniques, vocational and career services, legal counselling, and training in parenting and childcare services. Perhaps the church needs to examine the ways in which it has kept women in roles that stifle wholeness. And perhaps, too, the church can become part of the healing process, through recognition, acceptance, and loving support.

References

Broverman, Inge; Broverman, Donald; Clarkson, Frank; Rosenkrantz, Paul; and Volge, Susan, "Sex Role Stereotypes and Clinical Judgements of Mental Health." *Journal of Consulting and Clinical Psychology*, 34, 1-7, 1970.

• **Women in Ministries**

- **Donna Minter** is the new one-quarter-time retreat program director for California Mennonite Fellowship.

- **Ann Showalter** of the Oak Park (Ill.) Mennonite Church received the U.S. assistant secretary for health award December 3 for "outstanding effort in the fight against AIDS." She works with the pastoral-care network for Acquired Immuno Deficiency Syndrome in the Chicago metropolitan area.

- **Evelyn Shenk** was licensed by Virginia Conference as a hospital chaplain on January 13. The ceremony was at Shalom Mennonite Congregation, Harrisonburg, Va.

- **Rebecca Slough** was ordained September 30 at First Mennonite Church, San Francisco, Calif.

- **Shirley Yoder** began December 3 as vice president of human resources at Mennonite Mutual Aid, Goshen, Ind.

Letters

- I would like to express my appreciation for the good work that Women's Concerns is doing. Let me congratulate you on the choice of themes. The gift subscription is for my good friend in Czechoslovakia, whom I learned to know at the ecumenical Women's Day of Prayer in Prague. I have been wondering why there seems to be so little awareness of the World Day of Prayer in America, since the central office is in New York. We, the Mennonite women of South Germany, became a member of the World Day of Prayer just five years ago.

—*Brunhilde Horsch, Schwandorf, Germany*

- I enjoy reading the Report and appreciate your courage and honesty in tackling difficult, but essential subjects. I especially appreciated the issues on the environment and on motherhood and careers. I was a little surprised at the three articles on women who have decided to go back to work after having their children, and who met with a certain amount of opposition from the church and society. For me it has been just the opposite. I grew up expecting to have a career. My parents, school, and to some extent by church expected it. It has been difficult for me to decide to stay home with my preschool children. Perhaps it is an age difference that makes for a different perspective here. I think we younger women have a very hard time deciding that our families deserve any of our time. I think society has changed so radically in the last quarter century that we are in danger of completely neglecting our children's nurture.

Somewhere we need to find a balance between the fulfillment and stimulation of women, which is very important, and the legitimate demands of small children. I don't know quite where the answer lies (another issue of Report?), but Christians need to address this. And we need to support women who decide to stay at home — emotionally and intellectually and spiritually.

—*Michelle Bull, Port Perry, Ont.*

- The writers of the first two articles (Nov.-Dec., 1990 issue on Women, Careers and Spirituality) both refer to the "belief system perpetuated in society and the church that the best option for a woman is to be a wife and mother." The opposite has been true in my experience. As long as I was teaching or taking courses, people seemed satisfied with my response to "What do you do?" Now when I'm doing neither, I feel subtly pressured to list my volunteer church activities to somehow legitimize my being a stay-at-home wife and mother.

Our daughter has experienced the same thing. While studying for two degrees and volunteering for MCC, she didn't need to apologize for her activities. Now that she's happy at home with small children, some wonder what she's doing with her education.

Could it be that all of us pick up and remember most readily innuendoes critical of our lifestyle, and then assume they reflect attitudes at large? In any case, I couldn't let the repeated generalizations stand without saying that they have not and do not apply to everyone. It may, in fact, be time to put the myth to rest.

—*LaVerna Klippenstein, Winnipeg, Man.*



News and Verbs

Kristina (Tina) Mast Burnett of Akron, Pa., is new U.S. staff person for the MCC Committee on Women's Concerns and new editor of *Women's Concern's Report*. Christine Wenger Nofsinger, former *Report* editor, left that position in January to move to Marcellus, Mich., where she, her husband Gary, and Randy and Roxie Ewert have purchased 120 acres of land. Both families are alumni of the MCC Botswana program.

Jesus' Clear Call to Justice by Dorothy Yoder Nyce of Goshen, Ind., is a new release of Herald Press, Scottsdale, Pa., 15683. This is No. 11 in the Herald Press Peace and Justice Series. Cost is \$5.95 U.S.; \$7.50 Canada.

Surviving Without Romance by Mary Lou Cummings is a new Herald Press release. This is a collection of life stories of African women, who struggle for freedom and dignity despite poverty and injustice. Cost is \$9.95 U.S.; \$12.50 Canada.

Lucille Marr of Baden, Ont., received a PhD in history from the University of Waterloo in October. Her dissertation was called "Church Hierarchy and Christian Nurture: The Significance of Gender in Religious Education in the Methodist, Presbyterian and United Churches of Canada, 1919-1939." Marr is teaching Canadian religious history, with particular emphasis on women's roles, at St. Paul's United Church College at University of Waterloo.

About 375 women gathered for the March 1-2 **Women in Ministry Conference** in Harleysville, Pa. The conference featured workshops, discussion times, worship, art, music and drama. Mary Shertz of Associated Mennonite Biblical Seminaries, featured speaker, led meditations on the biblical story of the women at the well.

Jean Gerber Shenk and Betsy Headrick McCrae, staff members of the Brussels Mennonite Centre, were among 21 church people who participated in a day-long meeting in September reflecting on the "Feminine Faces of God." The day was organized by the Belgium chapter of the European Society of Women for Theological Research.

"Walking on Holy Ground: Four Women in Bangladesh" is a 9-minute VHS video cassette showing the lives of three Bangladeshi women and an MCC worker. It features efforts at providing economic options for landless, rural women. Available for free loan from all MCC offices.

The November 1990 issue of *Newsletter on the Americas*, an MCC publication on Latin America and the Caribbean, focuses on **machismo** and sex roles in Latin America. Write to the MCC Latin American and Caribbean desk, Box 500, Akron, PA 17501.

MCC Canada has been invited to make a submission to the Canadian government's **Royal Commission on Reproductive Technologies**. MCC Canada Women's Concerns Coordinator Kathy Shantz is coordinating the committee preparing the submission.

The Brethren in Christ Atlantic Conference Board for Brotherhood Concerns is sponsoring a **one-day seminar on sexual abuse in our families**, "Journeying Together: Steps Toward Healing and Helping." The April 13 seminar will be at Elizabethtown (Pa.) Brethren in Christ Church. Dr. Jean Giles of Riverside Chapel Niagara Christian College will be keynote speaker. For information contact Lois Saylor, 717-367-2553.

The fall 1990 issue of the *Conrad Grebel Review* focused on "The Place of Women in the Church." It includes articles on women and preaching, women in the ministry of the church, Mennonite Brethren understandings of women's place, and Menno Simon's writings on women, marriage, children and family. To subscribe to Conrad Grebel Review write to Conrad Grebel College, Waterloo, ON N2L 3G6.



Illustrations in this issue were drawn by Teresa Pankratz of Chicago. Please do not reproduce without permission.

Barbara Reber, executive director of Inter-Mennonite Council on Aging, was resource person for an "Over 50 Retreat" for Northwest Conference members at Glacier Bible Camp in Alberta.

Works by Mennonite printmaker Dawn Marie of Fort Wayne, Ind., were exhibited at the People's Place, Intercourse, Pa., Jan. 11- March 2.

WOMEN'S CONCERNS REPORT is published bimonthly by the MCC Committee on Women's Concerns. The committee, formed in 1973, believes that Jesus Christ teaches equality of all persons. By sharing information and ideas, the committee strives to promote new relationships and corresponding supporting structures in which men and women can grow toward wholeness and mutuality. Articles and views presented in REPORT do not necessarily reflect official positions of the Committee on Women's Concerns.

WOMEN'S CONCERNS REPORT is edited by Kristina Mast Burnett. Layout by Karen Falk. Correspondence and address changes should be sent to Kristina Mast Burnett, Women's Concerns, MCC, P.O. Box 500, Akron, PA 17501-0500.

U.S. residents may send subscriptions to the above address. Canadian residents may send subscriptions to MCC Canada, 50 Kent Avenue, Kitchener, ON N2G 3R1. A donation of \$10 per year per subscription is suggested.

This newsletter is printed on recycled paper.

Rhoda Rempel of La Salle, Man., drives past a landfill each time she goes from her home to the city. The sight of plastic bags blowing around prompted her to create a reusable "Ecobag" that consumers can take to the store with them for carrying groceries and other items. MCC provided some start-up money and marketing advice and she began making the bags in cooperation with a local business. MCC sells Ecobags to non-profit groups so they can be used for fund raisers.

Women are bearing the brunt of America's social problems, according to a new study by Fordham University's Institute for Innovation in Social Policy. Between 1974 and 1988, the proportion of women who were poor increased 13 percent, the incidence of rape grew by 43 percent, and there was a 25 percent increase in the number of women not covered by health insurance (from the National Catholic Reporter).



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